

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>D.E.</i>	<i>20255</i>	<i>1-3-00</i>
<b>O.I.P.E. CLASSIFIER</b>		<i>48</i>	<i>1/12/90</i>
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>		<i>DR/FF</i>	<i>2/4/00</i>

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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**Best Available Copy**